

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012948

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

441

1. PLACE OF DEATH

a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **Springfield**

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN **Springfield** **0396**
Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR **DOA St. Johns**
INSTITUTION

Length of stay in 1b

d. STREET ADDRESS (If outside, give location)
900 S Main St.
Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First **Larry** Middle **Wayne** Last **Harris**

4. DATE OF DEATH Month **May** Day **I** Year **1959**

5. SEX

Male

6. COLOR OR RACE

Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

May 8 1951

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

7 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Carthage Mo'n

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Lester Harris

13b. MOTHER'S MAIDEN NAME

Juanita Simpson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or basis of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

Juanita Scott 908 S Main St. Springfield, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PROBABLE SKULL FRACTURE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

HE WAS HIT BY AUTOMOBILE AT INTERSECTION

20c. TIME OF INJURY

Hour **5:45** Month **May** Day **1** Year **1959**

WITNESSES DAY DRIVER HAD GREEN LIGHT AND THE CHILD DARTED FROM WALK INTO PATH OF CAR

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

STREET INTERSECTION

20f. CITY, TOWN, OR LOCATION **Springfield** **Greene** **Missouri**

21. I attended the deceased from

Death occurred at

approx 5:45 PM

on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ralph Thorne

(Degree of County **3**)

22b. ADDRESS

Springfield, Missouri

22c. DATE SIGNED

2 May 1959

23a. BURIAL, CREMATION, REMOVAL (Specify)

Remove

23b. DATE

May 2 59

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill

23d. LOCATION (City, town, or county) (State)

Carthage Mo

24. FUNERAL DIRECTOR

H.V. Smith

ADDRESS

602 N. Jefferson

25. DATE RECD. BY LOCAL REG.

5-5-59

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Voluntary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

6001 12 1873

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.